Complete Summary

TITLE

Blood sugar screening: percentage of patients aged 48 years or older who had at least one blood sugar test in the previous three years.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 48 years or older who had at least one blood sugar test in the previous three years.

RATIONALE

The Canadian Diabetes Association recommends that patients undergo blood sugar screening for diabetes due to the high prevalence of this disease. Currently, national standards suggest that those aged 45 years and older should have a screening test at least once every three years.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; screening; blood sugar

DENOMINATOR DESCRIPTION

Patients aged 48 years or older assigned to a family physician (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients from the denominator who had at least one blood sugar test in the previous three years

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

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State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 48 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

One U.S. study that looked at the screening rates in a large survey population found that 31% of the sample reported being screened in the past year.

EVIDENCE FOR INCIDENCE/PREVALENCE

Cowie CC, Harris MI, Eberhardt MS. Frequency and determinants of screening for diabetes in the U.S. Diabetes Care1994 Oct;17(10):1158-63. PubMed

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

<div style="background-color:#8888ee; color:white; text-align:center; padding:4px;">Institute of Medicine National Healthcare Quality Report Categories</div>

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

<div style="background-color:#8888ee; color:white; text-align:center; padding:4px;">Data Collection for the Measure</div>

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients aged 48 years or older assigned to a family physician (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusion
Patients aged 48 years or older assigned* to a family physician

*A patient is allocated to the physician with the most visits (as defined by cost). In the case of a tie, the patient is allocated to the physician with the greatest total cost. Total cost calculations include direct care (i.e., visits) and indirect care (i.e., referrals to other physicians or for services such as lab tests and x-rays).

Exclusion
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients from the denominator who had at least one blood sugar test in the previous three years

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Laboratory data
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Blood sugar screening.

MEASURE COLLECTION

Indicators of Quality in Family Practice

MEASURE SET NAME

Disease Prevention/Health Promotion

DEVELOPER

Manitoba Centre for Health Policy

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

MEASURE AVAILABILITY

The individual measure, "Blood Sugar Screening," is published in "Using Administrative Data to Develop Indicators of Quality in Family Practice." This document is available in Portable Document Format (PDF) from the Manitoba Centre for Health Policy Web site.

For further information, contact: Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, 4th Floor, Room 408, 727 McDermot Ave, Winnipeg, Manitoba R3E 3P5; telephone: (204) 789-3819; fax: (204) 789-3910; Web site: www.umanitoba.ca/centres/mchp.

NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2006. The information was verified by the measure developer on May 1, 2006.

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